

**Get Through Accident and Emergency Medicine.** Amy Herlihy. Royal Society of Medicine Press, London. October 2006. 140pp. £22.50. ISBN: 1853156949



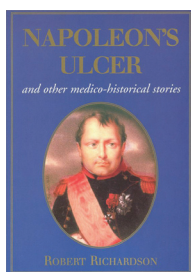
Most MRCP and MRCS Part 1 candidates would be advised to invest in a Sainsbury's shopping trolley if they decide to venture to their local university bookshop in pursuit of a relevant MCQs textbook. The shelves of these stores creak from the burden of the wide selection of texts. The unfortunate MCEM / MRCS A&E candidate will be left with growing anxiety and the knowledge that there are very few suitable MCQs textbooks. "Get Through" aims to bridge this gap and help you prepare for your exams.

The book covers a wide range of topics, from paediatrics to toxicology, and the book's strength lies in its relevance to day to day practice. The various questions address many clinical scenarios we come across on run-of-the-mill, shop-floor work. The book's stated main focus is revision for Part 1 examinations, however the MCEM part 1 syllabus is heavily based in the realms of anatomy, patho-physiology, microbiology, biochemistry, etc., with only 5 out of a possible 50 questions relating to clinical medicine. The book does try to address this imbalance with a chapter on anatomy, however MCEM candidates will probably find limited relevance to the content of their Part 1 exam.

The book is ideally suited to candidates preparing for 2nd Part exams or MRCS A&E MCQ, where there is a greater emphasis on clinical topics. It certainly would be a useful revision tool to highlight areas for further study. One area of concern that may confuse and will certainly frustrate candidates is the number of incorrect answers in the book. Hopefully this is a problem that will be addressed on further prints.

Paul D Faulkner & Ruth Spedding

**Napoleon's Ulcer (and other medico-historical stories).** Robert Richardson. Quiller Publishing, London. October 2006. 192pp. £14.95. ISBN: 1904057969



I was lured into reviewing this book under false pretences. All that was mentioned in the request was the most famous gastric ulcer in history – surely a gastroenterologist would be the ideal candidate to review such a book? With no more information than the first line of the title, I naively agreed. The nicely presented package arrived resplendent with a glossy cover endowed with a portrait of the great man and embossed with the headline title in bold gold lettering. Only then did the first question simmer in my sub-conscious: Why the sub-title '*and other medico-historical stories*'? The reputable book editor of this esteemed journal mentioned nothing other than gastric ulceration!

Let us begin with the ulcer, which takes up the introductory chapters of the book. I confess that I had limited knowledge of Napoleon's predicament prior to this review and I have emerged much the wiser (or at least better informed). However, not for the last time in this review process, I found myself confused. Was I reading a detective story requiring a solution? Or was it being presented as a clinical case history for medical analysis? Or was it a fantasy based on speculation? I struggled to know which role the author wanted it to fulfil. What I did enjoy in these early chapters was the information conveyed about the state of knowledge at that time regarding ulcer disease. They did not have to worry about breath tests and helicobacter pylori.

Just as I was engaging with Napoleon and finding myself speculating about whether or not he had *H. pylori*, Napoleon is gone. Not just dead and dissected but by page 41 of 226, his presence left this scene of time; or at the very least the pages of this book. And guess what comes next?

One turns over the page anticipating more on Napoleon or perhaps his doctor (who is to feature later), or some treatise on other famous ulcers or anything but the menopause. The *menopause*? Yet that is the non-sequitur that "sequiturs". Hence the second question I have with this book: What is its purpose? How does it hang together? What is the common thread? Where are we going? (Four questions, I know...)

But back to the story of the menopause. Here we find such useful comments from history as "woman is a pair of ovaries with a human attached" (Virchow) and Galen's view that menses were simply the natural blood-letting necessitated by overeating. Here we begin to see the virtue of the book. It is a book full of quotes and anecdotes to be used in appropriate circumstances, dropped into the conversation to impress the dinner party, thrown out in lectures to medical students to maintain interest.

If you were looking for an unusual angle on your chosen field of medical expertise, the chances are you will find it in this book. Provided of course your chosen field is one of the eclectic topics covered within it. Having said that, it is hard to envisage the use of either of the above quotations in any circumstance that would not result in a lynching of the utterer.

However the fact that Roman sailors only cut their hair during a storm and that French physiologists injected themselves with canine testicular extract in the pursuit of eternal youth must have value and interest to some discerning readers.

For an enjoyable historical read, the chapter on Larrey is the most enlightening. In this chapter a historical tale is told that engages the reader and leaves him admiring a multi-talented but flawed man. That is a good "medico-historical" chapter that fulfils the promise of the book's subtitle. However that chapter only highlights my third question: Is this book really "medico-historical" as it claims? Chapters such as those on blood have more to do with mythology than history. Other chapters on hair, death and transplantation lean towards psycho-analysis and philosophy. Mind you, I am still not sure about the castration complex and its link with hair.

I can tolerate psychology, I enjoy history and I love mythology but I keep coming back to the question now burning into my

consciousness: What is the purpose of this book? What is it trying to be?

Only when we come to the last page of the book do we learn the secret. The page that solves the riddle comes after the book has ended, after the index, and at the end of a series of pages advertising books by the same author. Finally, an answer to the purpose of the book; finally a link that binds the apparently un-associated! The solution is a novel previously written by the author; a novel that spans all the epochs referred to in this tome; a novel in which the hero visits the historical characters of this book. This current book is the back-text of that novel. Perhaps next time I will be asked to review the novel.

Brian Johnston

**Emergency Vascular and Endovascular Surgical Practice, 2<sup>nd</sup> Ed.** Aires A.B. Barros D'Sa, Anthony D.B. Chant. Hodder Arnold, London. October 2005. 592pp. £155. ISBN: 0340810122

I congratulate Barros D'Sa and Chant in producing an excellent book which brings together the pathophysiological, administrative, therapeutic, radiological and surgical aspects involved in the management of a wide spectrum of emergency conditions, that may be encountered by all physicians with an interest in vascular and related specialties. The book is ingeniously divided into subsections, with each theme elegantly presented.

It provides some basic facts in the provision of emergency vascular services and treatment outcomes in the UK, USA and Scandinavia. It also supplies the reader with knowledge

on the pathophysiology of vascular conditions and the complications that may develop in the management of some of these conditions. The risk assessment and the medico-legal minefield involved in the management of these patients are also discussed.

The section on Acute Cerebrovascular Syndromes gives a good synopsis on acute ischaemic strokes and their management, in particular the timing and role of surgical intervention, a subject upon which many vascular surgeons are still hesitant. This section is followed by another well put together section on acute lower limb ischaemia and diabetic feet. This gives an excellent overview on surgical and endovascular options and the possible problems that may be associated with intervention. However, chapter 18, "Acute Ischaemia Secondary to Occult Prosthetic Graft Infection", is just slightly difficult to read because of the many complex algorithms. Nonetheless, it covers an arduous subject commendably. The rest of the book embraces magnificently catastrophes, injuries and emergencies of the arteries and veins in the thorax, abdomen and peripheries. It provides the reader with wealth of information on the aetiology, pathophysiology and the various medical and conventional surgical options necessary for dealing with these conditions.

I have no doubt this book will be a valuable asset in any private or institutional library. The authors have managed to put together a book on the diverse emergency vascular conditions encountered by vascular clinicians, including some rare conditions which, although not typically seen in Northern Ireland, nonetheless have presented at our doorsteps, and will no doubt challenge our capabilities and resources at some stage in our careers. This is definitely a very good reference and guide book for vascular surgeons at all levels.

Chee Soong

